TIDES-CF Study: Who participates in psychosocial trials?

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The protocol of the International Multicentre Study on Depression and Anxiety in Cystic Fibrosis patients (www.tides-cf.org) allowed to combine the principal hypothesis and respective measures with those by the local study groups. We aimed to take advantage of the fact that families at our centre are looked after by a multiprofessional psychosocial team. In addition to the assessment of anxiety and depression by self-reports, as outlined by the study protocol, we wanted to describe these families from the team’s perspective as well as to compare results with regard to the level of psychosocial treatment the respective family had received, so far.

Methods: Patients and parents were administered the Hospital Anxiety and Depression Scale (HADS). In addition, the psychosocial team jointly (and independently from HADS-results) classified patients and parents according to anxiety OR depression (no symptoms, at least borderline scores, no judgement due to insufficient knowledge of the person) as well as regarding the previous level of care (family unknown to the team, routine care [basic], circumscribed expenditures, high intensity care). Migration status was assessed, too.

Results: N=123 families were contacted, 66 of whom participated (54%). In non-responders the team more frequently assessed the mother (p=0.06) the father (p=0.15) and the adolescent child (p=0.01) to range at least borderline (anxiety OR depression). Non-responders were significantly overrepresented in the high-level of care segment (p=0.01) and displayed more frequently a migration background (p<0.001).

Conclusions: Corresponding to other studies there is ample evidence to assume that the index group (as well as families with other kinds of problems) are underrepresented.

Psychopathology in Turkish children and adolescents with diagnosis of cystic fibrosis

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Aim: To evaluate if Cystic Fibrosis (CF) as a fatal disorder compared to other chronic disorders increases psychopathology frequency or not.

Method: In this study, 35 children aged between 7-16 with a diagnosis of CF, 28 children with Chronic Bronchiectasis (CB) and 40 healthy children were evaluated for psychopathology. The study and control groups were matched for age, sex and socioeconomic-sociocultural status. All children and adolescents were interviewed using K-SADS (Schedule for Affective Disorders and Schizophrenia for School Aged Children). All subjects completed Children’s Depression Inventory, State-Trait Anxiety Inventory for Children.

Results: Children with CF had more psychiatric disorders compared to control groups. Anxiety disorders and depression were the most common disorders in the CF group. CF and CB groups do not differ in frequency of psychiatric disorders but compared to healthy controls, depression, separation anxiety disorder and anxiety disorders were higher among CF and CB groups. As the severity of CF increases, the rate of depression and generalized anxiety disorder increased. Adolescents had higher rate of depression. Additionally it was shown that severity of illness might contribute to the development of psychopathology like depression and generalized anxiety disorder.

Conclusion: Because chronic and fatal illnesses were found as an important risk factor for the development of depression among adolescents, it is necessary to conduct follow-up studies with larger sample size to determine important risk factors specific to fatal disorder.

The significance of Experiential Avoidance concerning anxiety and depression in parents of CF children

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Objective: In the framework of the international multi-centre study TIDES (www.tides-cf.org) we evaluated the prevalence and severity of anxiety and depression in parents of CF children treated at Innsbruck CF centre. In addition we wanted to find out how parents deal with their emotions.

Method: The occurrence of anxiety and depression was screened with the help of the Hospital Anxiety and Depression Scale (HADS-D) and the Allgemeine Depressions Skala (ADS – German version of CES-D). The Acceptance and Action Questionnaire (AAQ) was used to measure the tendency of parents to suppress or avoid emotions or emotional experiences.

Results: All eligible families with children up to 12 years of age were asked and 88% participated (n=64: 38 mothers and 26 fathers). 8 participants showed an increase in anxiety and 8 in depression symptoms (17% each). No significant gender-specific differences were found. The participants currently under psychiatric/psychotherapeutic treatment scored high in the test. The results of the regression analysis regarding symptom strain and AAQ were significant throughout (HADS-anxiety: p=0.01, R²=0.302, HADS-depression: p=0.01, R²=0.496, ADS: p=0.01, R²=0.316).

Conclusion: Contrary to the prevailing opinion in literature, parents of CF children didn’t show an increase in psychopathology. The properties anxiety and depression showed a highly significant connection with the construct Experiential Avoidance. Parents with increased depression or anxiety symptoms showed a tendency to suppress their emotions.